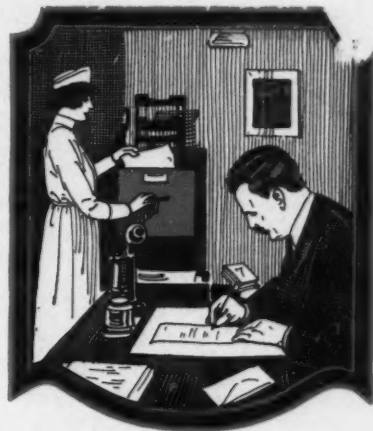


THE *Canadian Hospital*

A Monthly Journal for Hospital Executives



Toronto, Can.

The Edwards Publishing Company

October, 1929

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In this Issue—

Co-operation Necessary Between the Heads of Departments of the Hospital
Children's Hospital Has a Unique History From a Humble Beginning
New Owen Sound Hospital Wing Provides for 52 Additional Patients
Women's Institute of Alberta Overcome Drawbacks of Pioneering Country
Film Views of Hospitals in Ontario Will be Shown at Convention of O.H.A.
News of Hospitals and Staffs

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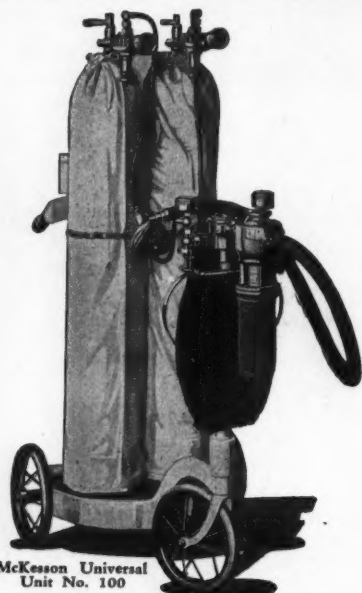
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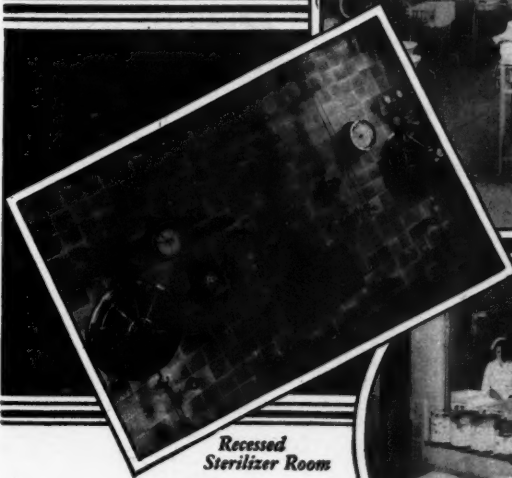
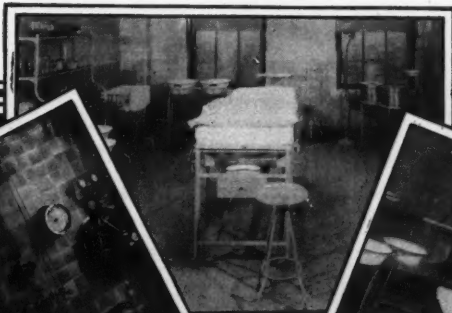
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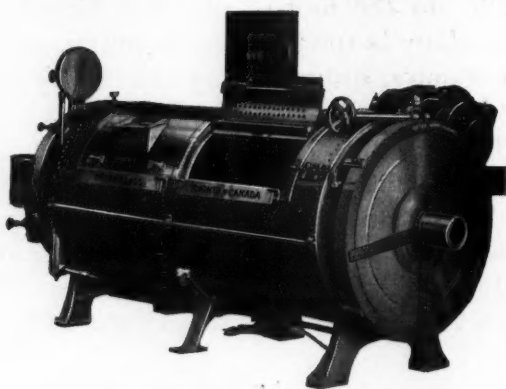


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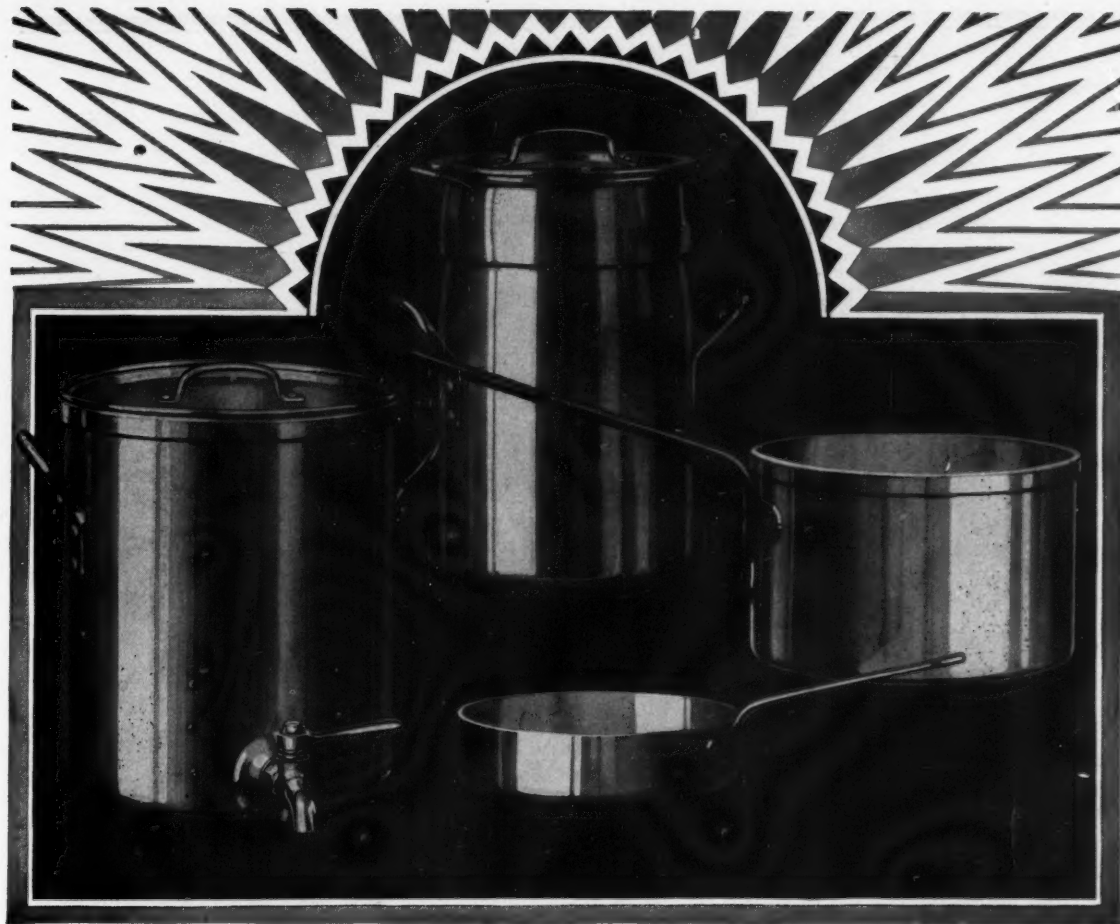
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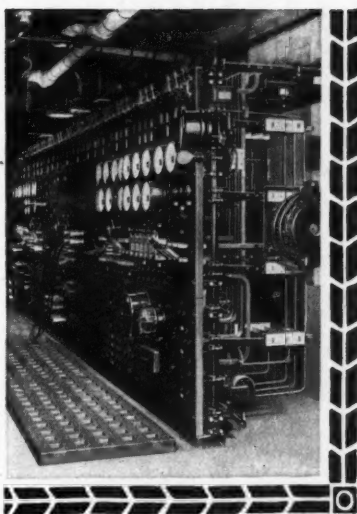
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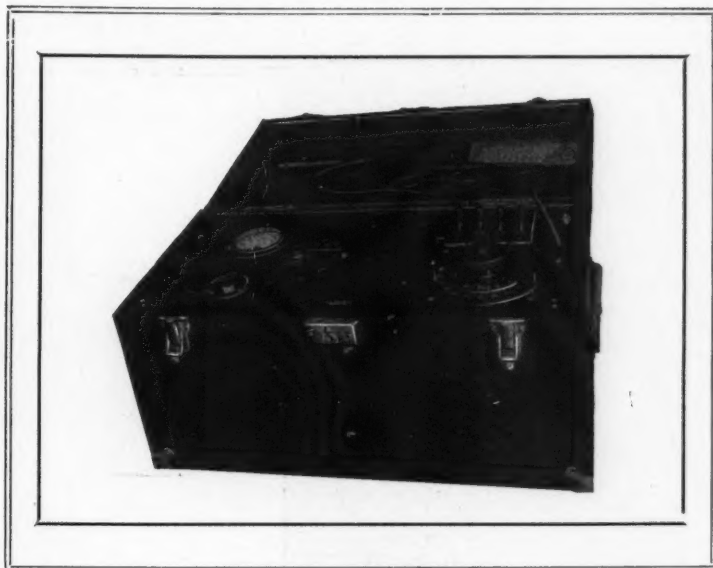
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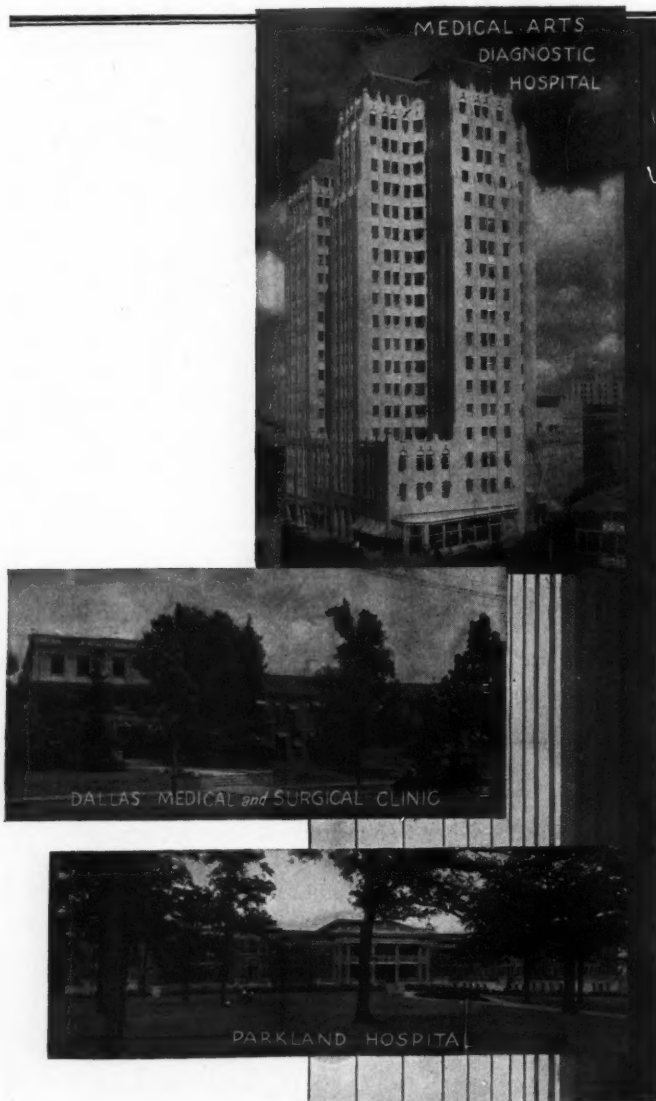
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Vol. 6.

OCTOBER, 1929

No. 10

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Red Cross, Toronto.

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President, W. E. Stephenson, Moose Jaw.

Secretary, G. E. Patterson, Regina.

The Duty of Hospitals to their Internes

THE hospital must include in its first duties to its internes the provision for intensive practical experience. This subject was the matter of discussion at a recent meeting of the Canadian Medical Association at Montreal. In an address by Dr. H. H. Murphy of Kamloops, B.C., the following remarks were made: "The hospital should not only be the community centre for healing, but the community centre for health. The term 'doctor' originally meant teacher, and in so far as we are neglecting this primary duty, in so far as we are losing the understanding, sympathy and support of the general public."

"It is recognized by everyone," said the doctor, "that every hospital has one fundamental function—to care adequately for the sick. This, of course, implies that every medical man on a hospital staff must be qualified for his work, and must keep abreast of the steady progress of medicine. It requires that every hospital practitioner must continue to be a student as well."

"Besides this main purpose, some hospitals have other important functions—the training of physicians and nurses, the health education of the community and the advancement of medical knowledge. In training physicians, while it is true that our laws require that each student after graduation shall spend at least one year in hospital service as an interne, our hospital attending staffs have perhaps been rather leisurely in recognizing the obligation which an interne staff demands."

"When the hospital board agrees to accept an interne, it morally agrees to provide him with that practical experience to which he is entitled; they promise that the year he spends with them will be the most valuable he has had in fitting him for his profession. I do not believe that our profession in general has yet fully awakened to its responsibilities in this matter."

The teacher should not only give knowledge, said Dr. Murphy, but also interest, enthusiasm, breadth of view, and the ability to weigh evidence. The interne who finds in his chief a personal ideal, as well as a clinician and teacher, will remember that year of training, long after his academic years have become a hazy memory. This important year may well decide whether he will retain some of his idealism throughout his professional life, or whether he will become mentally lazy and commercially acquisitive.



Nova Scotia Hospital Association Is Inaugurated

The first conference of the Nova Scotia Hospital Association, which was formed last March, was held at New Glasgow on August 21st and 22nd. The program consisted of the following papers and discussions: "The Duties of the Governing Board," by Mr. D. C. Sinclair, K.C., President of the Aberdeen Hospital; "The Relationship between the Medical Staff

and the Hospital," by Dr. J. G. McDougall of Halifax, with a discussion by Dr. J. G. B. Lynch of Sydney; "Fire Hazards in our Hospitals," by Dr. Harvey Agnew, Secretary of the Canadian Medical Association, followed by a general discussion; "Hospital Publicity," by Dr. T. O. R. Boyle, Professor of Philosophy at St. Francis Xavier University and discussed by Dr. S. L. Walker of Halifax; "The Hospitals of our Province," by Hon. G. S. Harrington, Minister of Mines and Works; "The Value of a Hospital to a Community," by Dr. Harvey Agnew; "The Necessity of a Good Public Spirit in a Hospital Constituency," by Dr. M. M. Coady of St. Francis Xavier University; "The Development of Nurse Education," by Sister M. Beatrice of Antigonish, and a round table conference on "Hospital Problems," including the problems of the school of nursing.

The officers are as follows: Honorary Presidents—Rev. Ronald MacDonald, New Aberdeen; J. G. McDougall, M.D.; President—Major W. A. Fillmore, Amherst; 1st Vice-President—Sister M. Ignatius, Antigonish; 2nd Vice-President—Miss A. Martin, Windsor; Secretary-Treasurer—Rev. L. McLellan, Antigonish.

The following resolutions were brought in by the resolution committee:

1. "Resolved that a committee composed of Mrs. Andrews, Mrs. Martin and Sister M. Beatrice select a list of books suitable for nurses' libraries."

2. "That efforts of Nurses' Association be approved in their efforts to consider the appointment of a nursing school inspector, and that a committee be appointed to meet the Graduate Nurses' Association. This committee is composed of Miss Andrews, Miss Carson and Sister M. Beatrice."

3. "That, whereas the custom tariff now imposed on pieces of equipment used solely in hospitals and not made in Canada, the Hospital Association of Nova Scotia and Prince Edward Island deplores this tariff and ask the Dominion Government to remove it."

It was decided to hold the next annual meeting at Sydney.



Tuberculosis Problems Discussed at Hospital Conference

AT the conference of the Nova Scotia Hospital Association held in August at New Glasgow, the tuberculosis problems of Nova Scotia were discussed. As remarks made by Dr. Joseph Hayes are nationally applicable, a few of the thoughts expressed are given herewith: General Hospitals as substitutes for Sanatoriums are not advocated. Sanatoriums hold first place in the treatment of tuberculosis. The general hospital is one of the large number of essential agencies in the campaign of T.B. control and serves the special function of a clinical centre. It affords facilities for observation and treatment of certain classes, clearing those suitable for sanatorium treat-

ment, and thus becoming feeders for the latter institution. It sends many patients in the earlier stages of the disease to the sanatorium, who would otherwise not reach the sanatorium until their case was far advanced and practically hopeless. The general hospital should serve as a clearing house.

This is borne out by the fact that a large number of sanatorium cases are advanced and practically hopeless. Dr. Hayes expressed the opinion that every institution should have a ward to treat a waiting list of patients in the earlier stages of the disease. Correspondence with Canadian hospitals elicited the information that in Toronto at least, no general hospital can refuse a case of tuberculosis in any stage. In all other provinces, except Nova Scotia, ten beds are set aside for these cases.

In conclusion, Dr. Hayes stated that the unwarranted fear of tuberculosis is due to the exaggerated idea of the infectious nature of the disease which in reality is not as easily communicable as other infectious diseases. The inviolability of the infection is due to present disregard for the supervision of open cases who are allowed to wander everywhere unknown to the general public expectorating tubercular bacilli by the million. This does not occur in the tubercular wards in hospitals, where the cases are under supervision and training. Hence, it is actually safer in a T.B. ward than in the streets and public buildings, as conditions are to-day.

Floating Hospital a Gift to Dr. Grenfell

Late in June, Dr. Wilfred Grenfell set out for the North with the first ship he has ever owned and commanded, the *Maraval*, the gift of an unknown benefactor. Designed by a Boston naval architect, the *Maraval* is ketch rigged, seventy-five feet long, sixteen and a half feet beam and draws seven feet of water. She has a sixty h.p. engine and can make eight miles an hour. The boat is electrically lighted and has an electric windlass.

The *Maraval* is built for rough seas, with steel plates at the bow, and a hull of double oak. Her fore-castle has room for four berths. Opening into the galley there is a stateroom which is commodious for such a ship. Along the coast where the boat will ply, there are many stations where the visits of this modern ship will be most welcome. Her deckhouse contains a small hospital and the *Maraval* is to be used as a mobile hospital in emergencies.

Death of Dr. Geo. Brett

CALGARY, ALBERTA.—The Hon. Dr. Robert George Brett, for two terms Lieutenant-Governor of Alberta, and for half a century a prominent medical practitioner in the Northwest passed away at Calgary on September 17th. On moving to Banff in 1886, Dr. Brett became medical director of Banff Sanatorium, which he founded. He was actively interested in the Red Cross and was Chief Scout for Alberta.

Extensive Program of Sixth Annual Convention Ontario Hospital Association

1st DAY—WEDNESDAY, OCTOBER 16th, 1929

Morning Session

9-10 a.m.—Registration.

10 a.m.—Address of Welcome. Samuel McBride, Esq., Mayor of Toronto.

10.15 a.m.—Report of the Hon. Secretary-Treasurer, Dr. F. W. Routley.
Appointment of Nominating Committee.
Immediate Business.

Announcements.

11 a.m.—The Harvey Film, illustrating the discovery of the circulation of the blood. By courtesy of the Department of Physiological Hygiene, University of Toronto.

12 noon.—Adjournment.

12.45 p.m.—Complimentary Luncheon in the Arcadian Court by the Robert Simpson Company, Toronto.

Afternoon Session

Program to be conducted by the Trustees' Section.
Chairman—Dr. John Ferguson.

Address by Colonel H. R. Casgrain, M.D., Windsor.
Paper—"Fire Safety," by Mr. George Lewis, Deputy Fire Marshal of the Province of Ontario.
Round Table Discussion.

2nd DAY—THURSDAY, OCTOBER 17th, 1929

Morning Session

Mr. R. H. Cameron, President, in the Chair.

9.30 a.m.—Report of the Nominating Committee.
Election of Officers.

10 a.m.—"The Voluntary Hospital." Mr. F. D. Reville, President, General Hospital, Brantford, Ontario.

10.30 a.m.—"The Municipal Hospital." Dr. G. G. Clegg, Superintendent, Victoria Hospital, London, Ontario.

11-11.30 a.m.—Intermission for inspection of Exhibits.

11.30 a.m.—"Public Health Progress in Ontario." The Honorable Dr. Forbes Godfrey, Provincial Minister of Health.

12 noon.—Adjournment.

12.45 p.m.—Complimentary Luncheon tendered by St. Michael's Hospital, Toronto.

Afternoon Session

Program to be conducted by the Nurses' Section.

Chairman—Miss G. M. Fairley, London.

Speakers—Miss A. Munn, Inspector of Training Schools for Nurses, Ontario. Mr. R. Fraser Armstrong, Superintendent, General Hospital, Kingston, Ontario.

Thursday Evening

6.30 p.m.—Annual Banquet, Royal York Hotel, Toronto. Address by the President, Mr. R. H. Cameron. Address by Alan Craig, M.D., C.M., New York, "The Community Strength of your Hospital."

Tickets for this banquet will be on sale from the Registration Table.

3rd DAY—FRIDAY, OCTOBER 18th, 1929

Morning Session

Mr. R. H. Cameron, President, in the Chair.

9.30 a.m.—"Old Age Pensions and their Bearing on the Hospitals." Dr. John Ferguson, Western Hospital, Toronto.

10 a.m.—"The Small General Hospital," Illustrated. Mr. Frederick Lee, Architect, Messrs. Stevens & Lee, Toronto.

10.30 a.m.—"The Sanatoria Situation." Dr. Robert E. Wodehouse, Executive Secretary, The Canadian Tuberculosis Association.

11 a.m.—Intermission for the inspection of Exhibits.

11.30 a.m.—"The Legal Aspect of the Hospitals." Lieut. Colonel Newton M. Young, M.P., Toronto.

12 noon—"The Need for Government Aid to Hospitals on the Basis of Adequate Diagnosis." Dr. G. Harvey Agnew, Secretary, Department of Hospital Service, Canadian Medical Association.

12.30 p.m.—Adjournment.

1 p.m.—Complimentary Luncheon by the Toronto Daily Star.

Afternoon Session

Program to be conducted by the United Hospital Aids Section.

Chairman—Miss M. Colter, Brantford.

2.30 p.m.—"The Spirit of the Volunteer." Mrs. H. P. Plumptre, Chairman, Management Committee, Board of Education, Toronto.

3 p.m.—"The History and Activities of the Women's Hospital Aids." Mrs. O. W. Rhynas, Burlington, Convenor of the Advisory Committee of the United Hospitals Aids.

3.30-4.30 p.m.—Round Table Discussion.

Ontario Neuro-Psychiatric Association to Meet at Whitby

The Fall meeting of the Ontario Neuro-Psychiatric Association will be held at the Ontario Hospital, Whitby, on Tuesday, October 22nd, 1929. There will be an afternoon and evening session, with papers and clinical demonstrations.

Film Views of Hospitals in Ontario Will Be Shown at Convention of O.H.A.

AN interesting feature of the Sixth Annual Convention of the Ontario Hospital Association which will take place at the Royal York Hotel, Toronto, on October 16th, 17th and 18th, will be film slides of upwards of sixty hospitals in Ontario, whose activities will be illustrated in over one hundred and seventy pictures. They will be shown by means of an automatic projector during the Convention.

The pictures include both interior and exterior views, and they are an education in themselves, presenting as they do the different phases of hospital work as carried on in the laboratory, the operating room, laundry, power plant, X-ray department, kitchen and other service departments. The private and semi-private rooms with their homelike, dainty surroundings and evidences of good taste, will inevitably create a better understanding of what the modern hospital means to-day.

The public ordinarily thinks of a hospital as a cold, impersonal institution devoid of architectural beauty. This theory will be thoroughly routed by the exterior views of our provincial hospitals, many of which are listed among the show places of the towns in which they are situated, by virtue of their well kept grounds and attractive residences for nurses. The strides which have been made in public health work will be represented by pictures of the out-patient departments and clinics where those who cannot afford the services of the private practitioner and specialist may go for advice and treatment. In those who are engaged in hospital work, this collection of pictures should arouse a feeling of pride which is justified and reasonable, for they are the ones who direct the activities which the hospitals house.

Aside from a contemplation of the veritable miracles which are performed within the walls of these hospitals, those who view the pictures must inevitably be struck with the millions of dollars of private funds which have made these institutions possible. Forgotten or unknown as the individual names of their donors may be except to the administrators, these hospitals should represent to the public, whom they serve, one of the most noble and praiseworthy works in which a man can engage. To build, help to build, or maintain a hospital, seems to be the ultimate in a man's service to mankind, and the most worth while outlet for surplus wealth. Not that all hospital gifts represent surplus wealth. Many men have amassed great wealth, then built a hospital and died comparatively poor men, while others have given progressively and have never been known as wealthy.

Small community hospitals often represent the collective efforts of many citizens whose small donations meant actual sacrifice. Restoring to the world lives, which would otherwise represent untold loss, alleviating suffering, preventing disease, engaging in scientific research, healing broken bodies, lowering the infant and maternal mortality rates are some of the

good works to which hospitals are dedicated. Those who make these activities possible are saviours of mankind.

Every type of hospital will be included. The emergency hospital car on wheels and the Outpost hospital conducted by the Red Cross, the large city hospital in the busy downtown district, the county hospital in beautiful surroundings, hospitals dedicated to children, hospitals for the prevention of tuberculosis, institutions for incurable adults and children where arts and crafts are taught, are some of the phases of this humanitarian work which will be shown on the film slide. Every corner of Ontario will be represented, hospitals large and small, old and new, all dedicated to the same worthy cause of suffering humanity.

Unique Hospital Ceremony at Jasper Park

Two corner stones, one from Halifax and one from the other side of the Dominion, Esquimalt, were laid on August 18th in a unique ceremony at the new St. Martha's Hospital, Jasper Park. Sir Henry Thornton, President and Chairman of the Canadian National Railways, laid the corner stone from the east, and Rev. Father Wheeler of Jasper, acting for Bishop O'Leary of Edmonton, laid the stone from the west. It was pointed out at the ceremony that the stones in the arch over the front entrance of the building were taken from the glacier of Mount Edith Cavell.

Tribute was paid to Sir Henry Thornton, without whose zealous co-operation the hospital would not have been possible. Praise was given also to the order of nursing sisters who will operate the hospital—the Sisters of Charity of Halifax — and to Dr. Thos. O'Hagan, a Jasper physician who has done much to obtain the hospital.

Thorough Rinsing of Film Necessary After Removal From Developer

The following extract from Victor News by C. F. Stout, should be of interest to the X-ray technician: "One of the most important steps in the process of developing films is that of rinsing each film in clean, running water after it has been removed from the developer solution. If this rinsing between solutions is not done thoroughly, no amount of washing after fixation will ever remedy the probable appearance of a yellowish stain on the negative. At least ten seconds should be devoted to rinsing films before they are immersed in the hypo bath. The more careful technician makes it a point to agitate the film while it is being rinsed.

Films should remain in the hypo bath twice as long as the time required to remove the unexposed parts of the emulsion, for two reasons: First, to make sure that fixation is complete; second, to permit the chrome alum or such hardeners as may be a part of the hypo formula to harden the film to the right consistency."

Winnipeg Children's Hospital Has a Unique History from a Humble Beginning

SOCRATES said, "In every work the beginning is the most important part, especially in dealing with anything young and tender." The difficulties overcome in starting the Children's Hospital of Winnipeg cannot better be described than in the following account of the founding of the hospital, as told by one who was present at its conception and inception, and who to-day is still an active worker and more than any other can appreciate the results of the ground work accomplished.

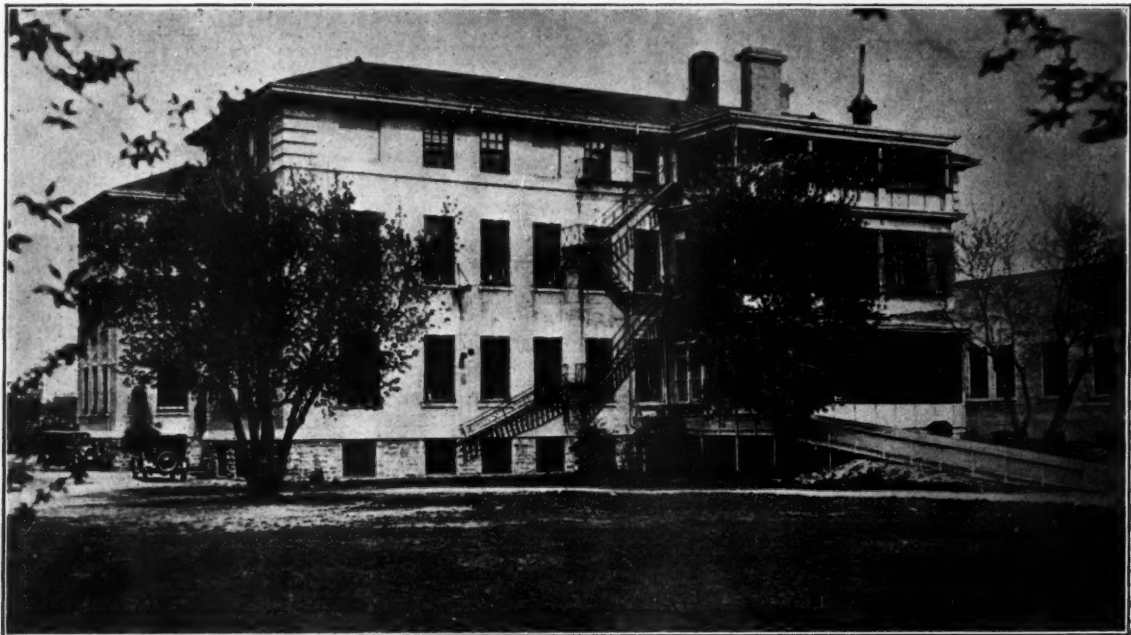
The foundation stone of the Children's Hospital was laid by a very sick baby for whom there was "no room," the tiny offspring of a good, but unmarried mother. The raising of the structure was the work of a few women who realized the necessity of increased accommodation for sick children. At the time, the matter came under consideration only one institution in the city provided such accommodation, and it was always crowded. The present fine City Infant Welfare Department was not organized, and the year before the Children's Hospital was opened over sixty young children died without any medical attendance. This was probably owing to the ignorance and bewilderment of the parents, a large majority no doubt being recent arrivals in the country. Early in 1906 a member brought the matter before the Local Council of Women for discussion. Much doubt was expressed as to the feasibility of establishing a hospital exclusively for children, but finally a committee of four was appointed, with power to add to their number and to take such steps as might be thought necessary. It was decided by this small group of women to establish, if possible a hospital for children in a locality where the death rate was highest, and, until the venture had shown its value, to solicit no funds but to

raise them by their own personal efforts, and the efforts of their friends.

It appeared a big undertaking, but the motto "Nil desperandum" was adopted and has served up to the present. In August, 1907 two ladies, who ran a milliner's shop and dainty tea room, were going away for a month. A friend from the East, who was to have kept the place open, failed at the eleventh hour, so the shop was about to be closed. One of the provisional board, with courage born of ignorance, offered to keep it open in return for any profit she might make from serving tea. This was gladly accepted, the finery was packed away, the window space furnished with the pick of the tea service, and a large card inviting the public to enter and drink their fill for the benefit of the non-existent Children's Hospital. It was a hot month with few people in town, but those who came to drink tea came again and again, occasionally contributing a cake to the "Cause." One attraction appeared to be the advertisements pinned up and changed from day to day. The ice cream from the factory melted and the pay of a woman engaged to clean up, etc., ate up much of the small profits. These leaks had to be stopped, so the amateur business woman unostentatiously entered the shop from the back each morning, made her own ice cream, "cleaned the window, swept the floor and polished up the handle of the big front door." The first two days of the business showed a painful deficit of \$1.25, but things looked up in time, and after deducting the cost of material there was usually some small profit. One rather tragic entry in the ledger which is blotted, as with tears, reads, "Receipts 55 cents, wet day." Of this small return for a hot day's work ten cents rolled down a crack in the floor, and is now built into the solid foundation of a Portage Avenue Bank building.



Physiotherapy Department and Reception Room in Children's Hospital, Winnipeg.



The Children's Hospital, Winnipeg.

This first little business venture in its interests proved a wide advertisement for the Children's Hospital, many calling to test the really good buns, and others to pass on the sanity of the lady in charge. Net earnings \$50.00. The next effort for cash and publicity decided on was a bazaar. It was to be a Bargain Bazaar, a forerunner of the ten and fifteen store "nothing over twenty-five cents." An empty store on Portage Avenue was secured, the windows filled with attractive articles and a placard stating that the doors would be opened at three o'clock on a certain day. A matronly member of the Board was selected to open the sale with a little speech, and nothing was to be sold until that was over. The member arrived in good time to find the doorway jammed with women, and a double queue nearly the length of the block under the somewhat suspicious eye of a big policeman. When the door was opened the "speaker of the day" was swept in with the crowd, that wanted bargains and not speeches; but rules had to be carried out. Not being able to make herself heard she climbed on a little table, trying vainly to attract attention, at last she slipped off her shoe and banged it with might and main on an iron pipe. For a moment this made some impression and the speech was, "I declare the bazaar now open." Many persons have seen a football scrimmage! The sale netted \$536.22, and it was a bargain bazaar.

1908 was a busy year with the Board. Literary Teas where the whole programme was original, stories, essays, poems, music, etc., concerts, dog races, outdoor dramatics, anything and everything to advertise and to add to the growing funds. A member suggested the sale of button holes of violets on the streets

the Saturday before Easter Sunday. The majority of the Board doubted if anybody would buy paper violets, or anyone be found to offer them for sale, but they made many hundreds of bunches willingly enough. On the Saturday the little newspaper boys belonging to a club put on their uniforms between selling their morning and evening papers, and sold the flowers on their chance of helping the "Cause." At night they turned up with empty baskets and \$675.05. Violet Day became an annual affair and earned in fourteen years, \$74,694.64. During 1908 the interest in the proposed hospital grew apace, and many voluntary subscriptions were sent in, from twenty-five cents upwards.

In due time a hunt started for a suitable house; there were plenty for sale, but there was reluctance to rent under the impression that to use a house as a hospital would injure its chance of sale. A weary hunt it was! A good sized house in the North End was advertised for rent and one of the Board hurried off to investigate. The lady occupant, who was probably under notice to leave, gave it a very bad name; it was everything a house should not be. On hearing of the purpose for which a house was required, she directed her caller across an acre or two of unbroken snow to a house. On reaching it the verandah door was found fastened; nothing daunted the Board member climbed over the rails through a hole in the netting, and peeped through the windows. There was a large double drawing room on one side of the hall, a good-sized dining room on the other. The house, formerly the house of a Lieutenant Governor, was dilapidated, dirty, and looked as if it might be the home of regiments of night prowlers, but it was big, had three storeys, was on a sweep of the river, had ample grounds

and there were trees that would be lovely in the Spring. It was treasure trove indeed! The landlord gave a lease for two years at a monthly rental of forty dollars, the first six months to be rent free in lieu of repairs, and on February 6th, 1909 it was opened with one baby patient, one superintendent, one maid of all work, and a full staff of honorary physicians and surgeons.

The following ten months 228 children were admitted and 503 new patients treated in the shed adjoining the kitchen. The mortality rate was 20 per cent. Fifty-eight surgical operations were performed, the surgeons using their own instruments, the Board generously providing a perfectly new copper-bottomed wash boiler—sterilizer. Every inch of space was used, even the dog kennel for storage. During 1909 the hospital took deep root in the hearts of the people, and they helped with both hands. The summer was an unusually sickly time for babies. Two good friends erected a screened pavilion, which doubled the accommodation, and during the hot months was of priceless value. During the twelve months 282 children were admitted and 546 new patients treated. The second year proved the need for more up-to-date accommodation for sick children, and steps were taken by interested friends that have resulted in the present building.

With the need of a hospital for the exclusive treatment of children established, a site comprising three and a half acres was procured on Aberdeen Avenue overlooking the Red River. The present hospital was erected, and was opened for patients in November, 1911. The cost of construction having been fully subscribed through a building campaign. A formal opening was held in July, 1912 by His Royal Highness the Duke of Connaught, who, with Her Royal Highness the Duchess of Connaught, consented to become its patrons.

Nurses' Residence Added

This original building was capable of housing approximately 100 patients together with the nursing staff. During the first year 1,212 patients were treated with a service of 25,195 days and a mortality of 11.8 per cent.

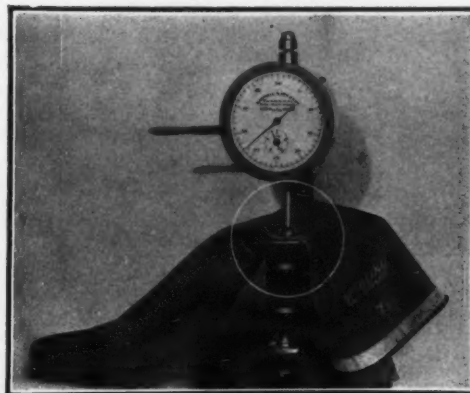
With expansion of the nursing service and other services the patient accommodation was reduced somewhat, but no additional building was done until 1916, when a complete laundry unit was established in a separate building. In 1918 a much needed Nurses' Residence was built which allowed the space previously used as nurses' quarters to be converted into an Observation Ward.

From time to time various service departments were established, and those already organized were improved in keeping with the scientific demands. In these undertakings great assistance was given by various organizations interested in child welfare. The X-ray Department and the Operating Room were fully re-equipped in 1919 through the generosity of the T. Eaton Co., Employees' Charitable Association; while for many years the Canadian Red Cross Society maintained Social Service Workers in connection with the Out-door Department. This Society also established

Continued on page 22

Please refer to THE CANADIAN HOSPITAL when writing

Sterling SURGEONS' GLOVES



UNIFORM THICKNESS MEANS UNIFORM "SENSE OF TOUCH"

On accurate uniform thickness depends the best possible resistance to sterilization, longer actual wear and the same "sense of touch" in all gloves bearing the Sterling name.

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Largest Specialists in SEAMLESS Rubber Gloves
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GREEN
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Gives Absolute
Satisfaction . . .

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vegetable oils only,
it is unsurpassed in
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Write for
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TORONTO - MONTREAL



A Private Room and a Four-Bed Ward in Children's Hospital, Winnipeg.

the Physiotherapy Department in 1922 and provided for its maintenance until 1924. The value of this department and advances in equipment for children's work necessitated greater expansion. In 1926 the Kiwanis Service Club met these demands by the provision of new equipment which included 6 quartz mercury lamps, 1 diathermy machine, 1 zoalite, 3 phototherapy lamps, 1 carbon arc lamp, and one Wantz multiple wave generator. The result of this department's increased efficiency is apparent from the fact that whereas 2,602 treatments were given in 1922, 13,982 were provided in 1928.

In 1926 the need of improvement in the Laboratory service resulted in the provision of separate laboratories for biochemical and pathological work and in the addition of a second technician to the staff.

The work of the Out Patient Department showed a very considerable increase during its many years of service. In 1927 its efficiency was increased by the provision of a Graduate Dietitian as a Nutritionist for supervision of home dietetics for the Out Patients. The consultations for the Out Patient Department were 14,428 in 1928 as against 503 in 1909.

In 1925 the Shriner's Hospital for Crippled Children established a unit for treatment of twenty patients by using one ward of the Hospital. Later the number was increased to 24 and in 1928, by an addition, accommodation was provided for 32.

The present hospital contains three large public wards each with a capacity for 22 patients, a section for the Shriner's Hospital for Crippled Children with accommodation for 32 patients, an Observation Ward with small rooms accommodating 16, 5 Private rooms and Semi-Private rooms accommodating 14. The Out Patient Department and Physiotherapy Department are in the basement and the X-Ray and Operating Rooms are on the third floor. Laundry service is provided from a separate building, while closely adjoining are an autopsy room and a small chapel. The nurses' residence overlooks the Red River. Last year the student nurses numbered 60.

During the last fiscal year the Hospital treated 2,-

645 patients, gaining a service of 37,155 days, the mortality being 3.4 per cent. In addition to this ward service 14,428 consultations were held in the Out Patient Department, 13,982 treatments given in the Physiotherapy Department, and 2,074 operations performed.

At the present time the occupancy is 84 per cent. of the total patient accommodation and the need is being felt for more expansion which now is being given serious consideration by the Board of Directors.

Device for Handling and Cutting Catgut at the Operating Table

In the Journal of the American Medical Association of March 30th, 1929, is described a device used in the operating room of the John Hopkins Hospital, Baltimore, which has been found to shorten materially the time required to prepare catgut.

The device consists of a brass plate with three pairs of brackets to hold the strands of catgut, each bracket being, in this particular instance, $12\frac{1}{2}$ inches from its fellow (the distance of a "third length"). The brackets do not grip the strands too tightly and the resistance is so uniform that one strand, when pulled, does not drag its neighbor.

After being properly soaked, one end of the long piece of catgut is inserted in one bracket; it is carried to the second bracket, back to the first and again to the second. As many more lengths as are required are similarly treated. With a single cut of the scissors the loops projecting from the brackets are severed, converting the catgut into third lengths arranged in position for use.

Catguts of different specifications are similarly placed in other brackets. A wet towel or sponge is placed over the catgut.

WALKERTON, ONT.—Building operations on the new \$15,000 wing of the Bruce County Hospital have been commenced. The new wing, which is to be a two-storey structure is to provide for a nurses' home and maternity ward.



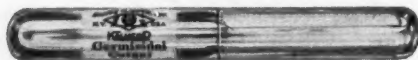
Billings Memorial Hospital
CHICAGO

A FAMOUS HOSPITAL WHERE D&G SUTURES ARE USED

D&G Sutures PRICE LIST FOR DOMINION OF CANADA

Kalmerid Catgut

GERMICIDAL. Exerts a bactericidal action in the suture tract. Supersedes the older unstable iodized sutures. Impregnated with the double iodine compound, potassium-mercuric-iodide.† Heat sterilized.



The boilable grade is unusually flexible for boilable catgut; the non-boilable grade is extremely flexible.

TWO VARIETIES

BOILABLE*		NON-BOILABLE
NO.		NO.
1205	PLAIN CATGUT	1405
1225	10-DAY CHROMIC	1425
1245	20-DAY CHROMIC	1445
1285	40-DAY CHROMIC	1485

Sizes: 000 . 00 . 0 . 1 . 2 . 3 . 4

Approximately 60 inches in each tube

Package of 12 tubes of a size . . . \$3.60
Less 20% on gross or more or \$34.56, net, a gross

Claustro-Thermal Catgut

ASEPTIC. Sterilized by heat after the tubes are sealed. Boilable.* Unusually flexible for boilable catgut.

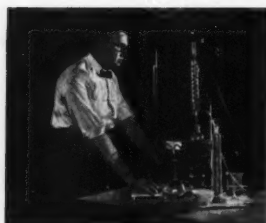


NO.	
105	PLAIN CATGUT
125	10-DAY CHROMIC CATGUT
145	20-DAY CHROMIC CATGUT
185	40-DAY CHROMIC CATGUT

Sizes: 000 . 00 . 0 . 1 . 2 . 3 . 4

Approximately 60 inches in each tube

Package of 12 tubes of a size . . . \$3.60
Less 20% on gross or more or \$34.56, net, a gross



D&G Sutures are always found neutral under the most delicate titration tests. This is one of the reasons they uniformly behave well in the tissues.

Atraumatic Needles

FOR GASTRO-INTESTINAL suturing and for all membranes where minimized suture trauma is desirable. Integrally affixed to 20-day Kalmerid catgut. Boilable.*

Experimental evidence has proven 20-day chromic catgut the most suitable for gastro-intestinal suturing. It has been found that gastric wounds are fully healed within 12 days, and intestinal wounds at 16 days. At these periods the 20-day catgut (regardless of size) still retains, respectively, 60 per cent and 30 per cent of its initial strength.

THEY DO NOT BEND HERE



ILLUSTRATIONS ARE FIVE-EIGHTHS SIZE



STRAIGHT NEEDLES ARE IN ROUND TUBES



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NO.		INCHES IN TUBE	DOZEN
1341	STRAIGHT NEEDLE	28	\$3.60
1342	TWO STRAIGHT NEEDLES	36	4.20
1343	3/8-CIRCLE NEEDLE	28	4.20
1345	1/2-CIRCLE NEEDLE	28	4.20

Less 20% discount on one gross or more

Sizes: 00 . 0 . 1

Package of 12 tubes of one kind and size

Kangaroo Tendons

GERMICIDAL, being impregnated with potassium-mercuric-iodide.† Chromicized to resist absorption in fascia or in tendon for approximately thirty days. The non-boilable grade is extremely flexible.



NO.	
370	NON-BOILABLE GRADE
380	*BOILABLE GRADE

Sizes: 0 . 2 . 4 . 6 . 8 . 16 . 24

Each tube contains one tendon

Lengths vary from 12 to 20 inches

Package of 12 tubes of a size . . . \$3.60
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D&G Sutures are obtainable from responsible Canadian dealers; or direct, postpaid

PRICE LIST FOR DOMINION OF CANADA *D&G Sutures*

Unabsorbable Sutures



NO.	INCHES IN TUBE	SIZES
350..CELLULOID-LINEN.....	60.....	000,00;0
360..HORSEHAIR.....	168.....	00
390..WHITE SILKWORM GUT..	84.....	00,0,1
400..BLACK SILKWORM GUT..	84.....	00,0,1
450..WHITE TWISTED SILK....	60.....	000 TO 3
460..BLACK TWISTED SILK....	60.....	000,0,2
480..WHITE BRAIDED SILK....	60.....	00,0,2,4
490..BLACK BRAIDED SILK....	60.....	00,1,4

BOILABLE

Package of 12 tubes of a size.....\$3.60
Less 20% on gross or more or \$34.56, net, a gross

Short Sutures for Minor Surgery



NO.	INCHES IN TUBE	SIZES
802..PLAIN KALMERID CATGUT..	20..00,0,1,2,3	
812..10-DAY KALMERID "	20..00,0,1,2,3	
822..20-DAY KALMERID "	20..00,0,1,2,3	
862..HORSEHAIR	56.....	00
872..WHITE SILKWORM GUT...	28.....	0
882..WHITE TWISTED SILK....	20.....	000,0,2
892..UMBILICAL TAPE.....	24...1/8-IN. WIDE	

BOILABLE

Package of 12 tubes of a size.....\$1.80
Less 20% on gross or more or \$17.28, net, a gross

Emergency Sutures with Needles

UNIVERSAL NEEDLE FOR SKIN, MUSCLE, OR TENDON



NO.	INCHES IN TUBE	SIZES
904..PLAIN KALMERID CATGUT..	20..00,0,1,2,3	
914..10-DAY KALMERID "	20..00,0,1,2,3	
924..20-DAY KALMERID "	20..00,0,1,2,3	
964..HORSEHAIR.....	56.....	00
974..WHITE SILKWORM GUT...	28.....	0
984..WHITE TWISTED SILK....	20.....	000,0,2

BOILABLE

Package of 12 tubes of a size.....\$3.00
Less 20% on gross or more or \$28.80, net, a gross

The ash of D&G Sutures is assayed to make sure that no traces remain of uncombined chromium nor of other residues of the chromicizing process.



Obstetrical Sutures

FOR immediate repair of perineal lacerations. A 28-inch suture of 40-day Kalmerid germicidal catgut, size 3, threaded on a large full-curved needle. Boilable.*



No. 650. Package of 12 tubes.....\$4.20
Less 20% on gross or more or \$40.32, net, a gross

Circumcision Sutures

A 28-INCH suture of Kalmerid germicidal catgut, plain, size 00, threaded on a small full-curved needle. Boilable.*



No. 600. Package of 12 tubes.....\$3.60
Less 20% on gross or more or \$34.56, net, a gross

Universal Suture Sizes

All sutures are gauged by the standard catgut sizes as here shown

000	4
00	6
0	8
1	16
2	24
3	

*These tubes not only may be boiled but even may be autoclaved up to 30 pounds pressure, any number of times, without impairment of the sutures.

†Potassium-mercuric-iodide is the ideal bactericide for the preparation of germicidal sutures. It has a phenol coefficient of at least 1100; it is not precipitated by serum or other proteins; it is chemically stable—unlike iodine it does not break down under light and heat; it interferes in no way with the absorption of the sutures, and in the proportions used is free from irritating action on tissues.

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AVICENNA (980-1037) physician in chief to the celebrated hospital at Bagdad, gives the first account of tenorrhaphy, setting forth the dictum that "every time a nerve (meaning tendon) is cut through, or ruptures, it must be sewen together". In Avicenna's understanding this applied to both nerves and tendons, although Galen had centuries before described the differential anatomy of the nerves, tendons, and ligaments.

D&G Sutures

"THIS ONE THING WE DO"

DAVIS & GECK INC.

What Employees of Hospitals Should be Bonded

By WILTON C. EDDIS, C.A.

I THINK first of all, that we should consider of what this insurance consists. Fidelity insurance consists of a contract in which three parties are interested; first, the insurance company; second, the employer; and, third the employee. The insurance company guarantees to indemnify the employer from a loss due to a defalcation on account of an employee. This type of insurance is becoming more general as time goes on, and is, in certain cases, compelled by statute. For instance, in the case of banks, every employee must be bonded.

The benefits of this insurance are that the insurance company makes a close investigation of the employee, and if there are any blots on his character, or anything of that kind against him, the hospital would know it and be able to take action. It also would guard the management against loss in the case of a defalcation and would thus remove any criticism against the trustees for breach of contract or anything of that kind.

Now, as to who should be bonded. That is, of course, a matter of opinion and the trustees of the hospital or the board of governors, as the case may be, must decide. I think the superintendent should be bonded, and after that the employees may be divided into two categories; those who handle cash, and those who handle valuable stores or supplies.

In the case of cash, it starts with the office staff, concerning the receipts of cash from the patients, accounts paid, and otherwise. There is also cash paid in other sections of the hospital, such as, perhaps, the out-patient department, which should also be considered.

As regards the stores: There are a number of sections here as well. There is the dispensary, the linen room, and supplies of that nature; food stuffs and the question of instruments. I think where these supplies run into any sum of money, that the person in charge of these stores should also come into consideration when the question of bonding is being taken up.

Another section which should be considered is the laundry. A great deal of valuable property goes through the laundry in the course of a year, and there is always the possibility of loss there, and possibly the person in charge of the laundry should also be bonded.

I do not know of any other employee who should be bonded with the exception of the purchasing agent, who is responsible for the purchasing of supplies and oversees their receipt.

As to amounts: I would hesitate to venture an opinion on that question, as the decision depends largely on the size of the hospital, and the amount of money or value of the supplies handled, but I think in cases of superintendents, perhaps five thousand dollars would be sufficient, and in the case of employees, probably the minimum bond, which is usually a thousand dollars.

Presented before the Fifth Annual Convention of the Ontario Hospital Association, October, 1928.

Where "Maybe" is tabbo and "Must" is supreme

IN a home, there "may be" a fair degree of cleanliness, depending upon the energy and pride of the housewife; but in a hospital "may be" cannot be tolerated. Instruments **must** be sanitary; bandages, bed linen, clothing **must** be clean; light, air, ventilation **must** be adequate. Quiet **must** prevail.

Many hospitals have learned that to have a complete sanitation, which includes perfectly cleaned floors, they must use some other than the hand methods of scrubbing or polishing. Hand methods may get floors clean, depending upon the energy of the scrubber and the time used. But there is no question about a FINNELL. It applies 25 to 40 pounds pressure on the brush—depending on the size—and applies it continuously. The same pressure is applied to the last square foot as to the first. It whirls the brushes at a speed of 150 to 230 revolutions per minute. In waxing, it applies the wax evenly and rubs it in—then polishes to an enduring lustrous surface.

Superior results have won hundreds of users for the FINNELL among the leading hospitals of the continent. But they have found that these practically noiseless machines also save time, money and labor over old fashioned methods. The superintendent of a large Canadian hospital summarizes the statements of scores of others in saying "Our purchase of FINNELL equipment is one of the best investments we ever made."

Why not enjoy, in your own hospital, the floor cleanliness which the FINNELL SYSTEM gives? There are eight FINNELL models, a size to exactly fit your needs. It costs nothing to have a FINNELL engineer make a survey and recommend the size which you should have. For further information write:

Dustbane Products, Limited, 130
Sparks Street, Ottawa, Ontario,
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Please refer to THE CANADIAN HOSPITAL when writing

New Owen Sound Hospital Wing Provides For 52 Additional Patients

SUBSTANTIAL, enduring and fire-proof in structure, thoroughly modern in every respect and detail of construction, the new wing of the Owen Sound General and Marine Hospital which adds bed-accommodation for fifty-two more patients to that institution was formally opened on Wednesday, July 17. The new wing, four storeys in height, has been built on the north end of the hospital, conforming to the plan of the older building in its exterior appearance and general lay-out inside. But a splendid improvement is noted on the outside in the very large windows and on the inside the new building presents a beautiful vista of wide corridors, on either side of which the wards open, with soft, deep-red linoleum under foot, pale expanses of wall space, which intensify the bright, light cleanliness of the whole building and contrast effectively with the floor covering, all of which make the new wing of the hospital a superior building, a monument of the zeal of the Hospital Board.

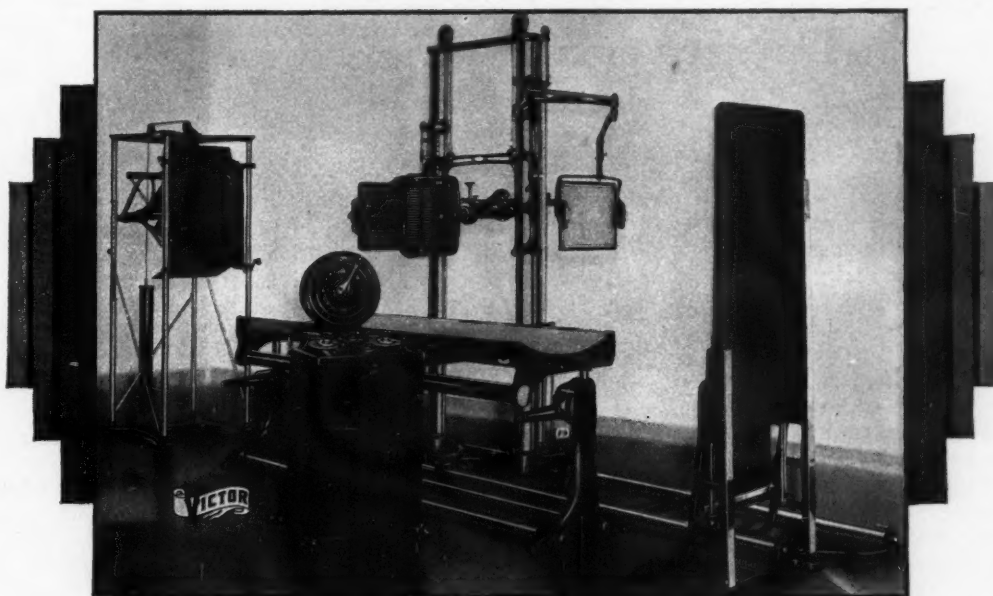
The main floor and the second floor of the new wing are practically alike, each providing nine private ward rooms, two semi-private and two public wards. The entire floor space in corridors and wards is covered with red battleship linoleum. The wall finish is dull white and the wall are finished with terrazzo baseboards, the same material, so easily cleansed and never

requiring any refinishing, being used on all the bath rooms and lavatory floors. All the private wards are furnished identically, with the exception of the window hangings and bed covers, which are being provided in a variety of bright shades by the various organizations and private individuals, who have assumed financial responsibility for the furnishing and up-keep of wards. The beds throughout are the very best and by means of two levers may be adjusted to different positions for the comfort of the patients. Besides the adjustable springs, the legs of the beds are made with long pins, which may be raised or lowered according to need. The furniture consists of two chairs in each private ward, one being a reed arm chair with sanitary leather, sheepskin cushion and one Windsor chair, a full length wardrobe and a bedside table, fully equipped with adjustable trays, etc. The private wards have separate toilets and basins with running hot and cold water. The semi-private wards with two beds furnished practically the same with the exception of the toilet facilities, which are provided for in spacious bath-rooms on each floor. There are four public wards in all, each with five beds. These are spacious, comfortable and attractive. The ventilation in every ward in the new building is most up-to-date, a ventilating fan on

Continued on page 45



Owen Sound General and Marine Hospital, showing new wing on the right.



World Wide acceptance of the Victor Shock-proof X-Ray unit



The First Installation of a Victor Shock-Proof X-Ray Unit. Photo courtesy of Neurological Institute, New York, N. Y.

Shock proof. Silent operation.
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Complete diagnostic service.
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No danger around ether, when setting fractures, etc.

THE sustained interest in, and orders received up to September 1st for this 100% electrically safe X-ray unit, are eloquent of approval generally of this epochal development.

In the United States alone fourteen states are represented in the list of users of the Victor Shock-Proof X-Ray Unit, some of these states accounting for several.

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There are logical reasons why roentgenologists and institutions are selecting the Shock-Proof Unit as an important part of their modern diagnostic facilities. If you are not familiar with this apparatus, write for a detailed description.

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Please refer to THE CANADIAN HOSPITAL when writing

Co-operation Necessary Between the Heads of Departments of the Hospital

By SISTER MARY STEPHEN
St. Joseph's Hospital, Glace Bay, N.S.

THIS is an age of co-operation, an age when in every sphere of activity if success is to be attained, the individual units must work unitedly and harmoniously together. In every community to-day we find development of the co-operative system strongly emphasized as a necessary means of obtaining the best results for the common good. A hospital may be regarded as a community where the management, the medical staff, the nursing staff and the maintenance staff are individual units, functioning for a common purpose, namely, the preservation of health, the care of the sick and the relief of suffering. It is absolutely necessary, therefore, that there be complete co-operation between its different departments. The heads of these departments may be possessed of the highest executive ability in the administration of their respective responsibilities, but if they are working separately, confusion will result.

This co-operation that is so necessary to efficiency has to be brought about through a properly organized system of frequent conferences with a free interchange of ideas and suggestions between the heads of the departments. In this way the requirements of one department is understood and appreciated by the others, mutual interest will be created and the hospital will become a harmoniously working organization which might be compared to the human body in perfect health.

If in such a hospital organization we look for one of the most important units, we shall readily find it to be the department of Dietetics. Keeping in mind the analogy of the hospital to the human body we might say that the dietary department corresponds to the human heart in the importance of its functions.

The service of this department touches every individual patient and the least disorder creates general dissatisfaction, while the good effects of its perfect working will be felt throughout the whole organization. If a patient finds on the food tray, which is generally a welcome visitor, something that displeases him, and he goes away from the hospital, disgruntled with the food service, in nine cases out of ten, he will overlook every point of excellence in the service rendered by the other departments. Now dissatisfaction of this nature very often arises from lack of co-operation. Patients are not familiar with hospital routine, as a rule, and often the blame is attached to the dietary department

*The Dietitian
should have close
supervision of
the food service
until it reaches
the Patient.*

when it may rightly belong to some other. The food leaves the main kitchen piping hot and if everything is in perfect working order, it should reach the patient in the condition in which it left the kitchen. But carelessness or neglect has crept in while it was in transit, and the good service of the most competent dietitian may be ruined and the reputation of the institution with it. To avoid this and other similar incidents the dietitian should have close supervision of the food service from the time of its purchase until it reaches the patient in the ward. For this purpose there must be a chain of communication between the dietitian, the purchasing department, the

nursing staff and the doctor from whom she receives the special order she is to carry out. Owing to the important part nutrition has come to play in the science of medicine, teaching has become a very important duty of the hospital dietitian and it has been widely suggested that her teaching should not be confined to the student nurse, but extended to the patient, that he may after leaving, carry on intelligently the prescribed diet of his hospital days.

To follow the course of the nurse we shall consider briefly the responsibility of the Directress of the School of Nursing. One of the first essentials to maintain the ideal service in a hospital is to have a nursing staff that is conscientious in obtaining the highest degree of efficiency in the profession.

To provide this the responsibility rests largely upon the directress. She should not retain any subjects in the school who do not show an aptitude for nursing. It is then the first duty and consideration of the directress to see that she has good material in her school, by doing so she is co-operating with every department of the hospital in eliminating poor nursing service. Once she has an up-to-the-standard student body, she should bring herself into communication with the floor instructresses and acquaint them with the nursing procedures she is teaching, that they may know how far advanced the students assigned to them are in their studies and the nature of the work. This will enable the floor instructresses to follow closely the students in the different duties they have been taught.

The floor instructress should follow closely and observantly the progress of the student assigned to her and report very conscientiously the result of her ob-

Continued on page 32

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Co-operation Necessary Between the Heads of Departments

Continued from page 30

servation to the directress. It may here be pointed out the absolute necessity of the methods of the directress and instructress being always in accord. They should frequently come together, weekly if possible and exchange views, receive and give suggestions and ideas, and accommodate themselves to an arrangement best suited to the interests of good nursing.

The clinical and pathological laboratory holds an important place in a thorough system of co-operation in the modern hospital.

Successful and satisfactory laboratory service cannot be expected from up-to-date equipment and specially qualified technicians if the medical and surgical staff do not endeavor to make their orders the most precise possible.

Requisition slips specifically provide that no examination should be made unless all necessary information is given, and yet, in a vast majority of cases, the data is wholly inadequate. To obtain efficient results, these requisitions should be clear and all available findings submitted, then the personnel shall be in a position to give more perfect reports. If the physicians exercise a little more care in writing orders, and the nurses carry them out promptly, then the laboratory personnel would not be doomed to undergo the severe criticism of unsatisfactory reports and impromptitude. Not infrequently pathological work is governed by clinical findings. In this way the courtesy of the clinician may be justly exercised in helping to submit a competent report and since the demand is not unreasonable he should cheerfully accede to the request.

Results Should Be Satisfactory

It must be carefully borne in mind that the laboratory technicians can only report what they find, leaving the interpretation and conclusion to the clinician, unless he wishes a consultation. In such consultations, the laboratory technicians should be very conscientious and state clearly any obvious findings, then results should be satisfactory and never misleading. Much superior information is secured by frank and earnest discussions and great benefit derived therefrom. This is helpful not only to clinician, floor instructors, and nurses, but above all to the main object in view—the patient. Within the limited scope of this paper it is impossible to follow in detail the work of every unit in the hospital. This brief outline of the value of the co-operative system in a few departments will apply with equal force to every department of the institution. And now, as the very purpose of our convention is to offer and receive suggestions and exchange experiences with various methods, the foregoing ideas are submitted in the hope that they may be of some little value in rendering assistance to suffering humanity.

Editor's Note:—Presented at the Catholic Hospital Association Convention, Moncton, N.B., June 4th to 6th, 1929.

"Modern X-Ray Technic" Is Interesting New Book

"Jerman's Modern X-ray Technic" is an exposition of the details of the technique and procedure in producing the best possible X-ray films. The author bases his material on an unusual experience in X-ray technique acquired during the course of many years of actual work with X-ray apparatus. The subject matter is presented in a direct, positive way which cannot be otherwise than helpful to the student and beginner in the X-ray field. When one has had the extended experience in technical X-ray work, not only in the actual practice but also in the instructional side of the work, as has this author, he can speak with authority on the subject that is covered by the book.

This work is written in an entirely impersonal manner. It is characterized by a brief mention or a complete absence of the usual descriptions of the older and antiquated pieces of X-ray apparatus that so many writers feel must be included in works on X-ray. Thus, very little space is wasted on apparatus, long since out of use or discarded, such as the static machine, the induction coil, and the gas X-ray tube (which at least 75 per cent. of the X-ray technicians of to-day have never used and many have never seen).

The author stresses the value of standardization of X-ray exposure formulae and the calibration of X-ray apparatus in order to enable the technician to obtain, with confidence, a constant duplication of results. Thus this method displaces the hit or miss, rule of thumb method which has been in vogue these many years in various X-ray laboratories with the uncertainty of results, frequent failures necessitating re-raying, loss of time, etc. Illustrations of the positioning of patients for the more common exposures are given, which provides the technicians with a clear visualization of this part of the technique. With this book as a guide, the X-ray technician who is acquainted with the fundamentals of X-ray physics should be able to obtain superior X-ray films for the doctor who depends on his or her services in the technical phases in medical roentgenology.

In a section on "Interpretation," which the author treats in an abstract manner, he stresses the importance of this being the forte of the professional radiologist but does not specifically state that this refers to the medical radiologist (physician), a specialist trained and experienced in X-ray interpretation. In no part of the book is there any reference to the diagnosis of X-ray shadows nor is there any reference to any of the medical problems connected with X-ray work.

This work will be welcomed by the X-ray technician who desires to improve his work, and by those who have been students in X-ray technique under the author.

This book sells for \$5.50 in the cloth edition and \$7.50 in flexible leather, and may be obtained from the Publication Department of the Victor X-ray Corporation, 2012 Jackson Blvd., Chicago, Ill.

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Women's Institute of Alberta Overcome Drawbacks of Pioneering Country

By MRS. JAMES BOYD,
Convener, District No. 1, Vanreana, Alberta.

THE first hospital owned and operated solely by a Branch of the Women's Institute of Alberta, was situated in the village of Waterhole, Fairview municipality, Peace River district, and was opened in the year 1924. For a long time the women of the institute had felt the serious need of a hospital, more particularly for maternity cases, the nearest hospital being over 60 miles distant, and in winter practically inaccessible. At that time there was no railway communication between Fairview and Peace River town. After trying other means of establishing a hospital and finding that owing to the fact that Fairview was an organized municipality, little outside help could be expected, the women decided that if anything was to be accomplished they would have to make a beginning themselves. One of the members of the Branch, Mrs. W. R. MacKenzie, was a trained nurse with four years experience overseas during the war, who had also taken special courses in anaesthesia and surgical nursing.

Providing that a building was found and equipped, this lady offered to take charge and depend for her salary on the fees of the patients. A cottage was rented for six months, the necessary alterations made and furniture purchased to equip a four-bed hospital. The venture proved so successful that at the end of six months the cottage was purchased, the money being raised by the women in various ways, such as tag days, dances, bazaars, etc. By these agencies they were able to fully pay for the building.

Financed by Women's Institute

At the end of the first year the accommodation was found to be so inadequate that an extension as large as the original building was added, also a large veranda or sun room. This provided for a total of seven beds, and again more accommodation became necessary. The hospital is financed by the Fairview Branch of the Women's Institutes, who raise the necessary funds in the ways mentioned heretofore, also by private subscriptions. The Minister of Public Health, the Honourable George Hoadley, realizing the great need that this hospital was attempting to fill, very graciously offered to place the hospital on the approved list, with the usual grant of fifty cents per patient per day.

In the autumn of 1928, when it was found necessary to move the hospital to the new town of Fairview, the Municipal Council undertook to finance the moving and build a basement and concrete foundation. They have also installed an X-Ray machine. The Women's Institute raised money to install a furnace, larger water tanks, also electric lighting throughout. The Railway Company generously donated six lots in the new town for the hospital site. This has now been enclosed with

a fence and cultivated with the intention of planting decorative trees and shrubs.

In April, 1928, Mrs. MacKenzie resigned, owing to ill health, and a very capable nurse, Miss Stehr, is now in charge, who, with the assistance of a housekeeper is able to do all the necessary work. When the accommodation is increased to ten beds, another nurse will be employed. The nurse receives the patients' fees, and pays all house bills, light and fuel, and her assistant's wages. Other costs of operating and all equipment is paid for by the Women's Institute, the Government grant helping very materially. The Government also pays the fees of indigent patients from the outlying Improvement Districts. Of the work done by this hospital, a few figures taken from the report of 1928 will tell their own story. One hundred and twenty-four patients received attention, of which 25 were maternity cases, 64 medical and 35 surgical. Of the surgical cases, 18 were major operations. At a time when the high maternal death rate in the Dominion of Canada is being so much discussed, it is interesting to note that there has never been a death in the Fairview Hospital from this cause. In fact in the four and a half years that our present doctor, Dr. O. J. MacFayden, has been in the district, there has not been one instance of maternal mortality in the municipality.

Benefit Wide Territory

About a year ago, another hospital owned and operated by a Branch of the Women's Institutes was started at Berwyn, situated about 25 miles from Peace River town. This hospital is operated along the same lines as that of Fairview, with the difference that the nurse in charge and her assistant are paid a stated salary, the Hospital Board making collections and paying all the bills and accounts. This work is financed by the Berwyn Branch of the Women's Institutes, assisted by the Branches at Brownvale and Kerndale.

Two years ago the Women's Institute Branch in Peace River affiliated with the Hospital Aid in that town, since which time all their activities have been devoted to financing the local Cottage Hospital.

For many years there has been a small hospital at Grand Prairie, but it became so inadequate to the needs of a steadily increasing population that a large municipal hospital was built last year. The various branches of the Women's Institutes in and around Grande Prairie have given some assistance in furnishing and equipping this hospital. Several of the branches united to furnish a ward to be called "The Women's Institute Ward." They also provided a great deal of sewing for the new hospital, and gave showers of fruit. Several branches have hospital visiting committees with

Continued on page 42



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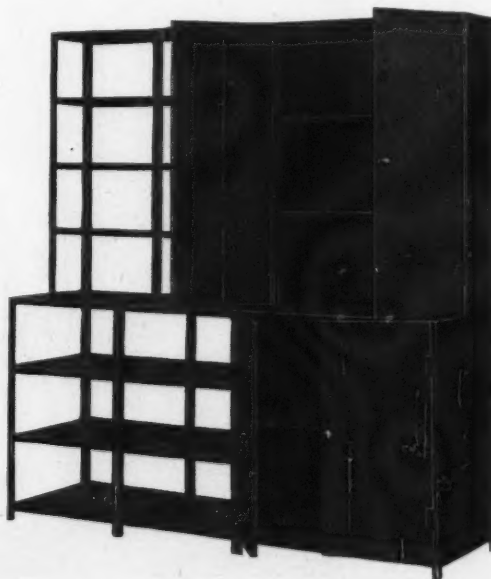
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Laboratory Added to Pembroke Cottage Hospital

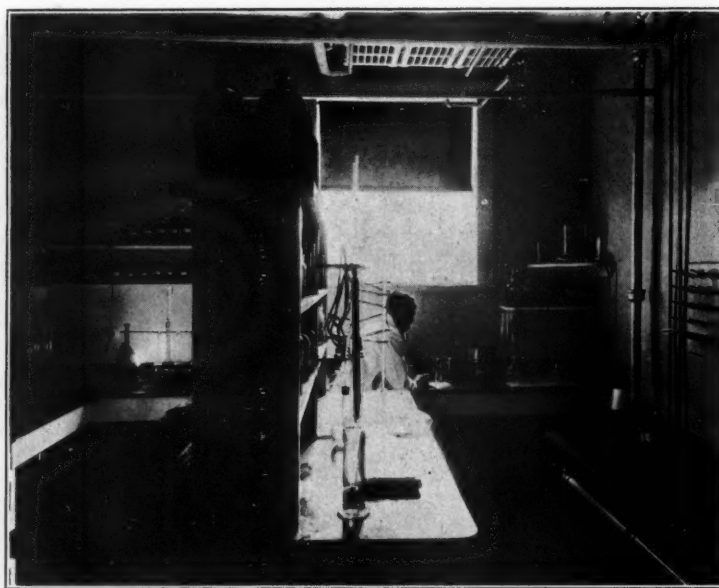
A complete and well equipped Medical Laboratory has recently been established at the Pembroke Cottage Hospital, Pembroke, Ontario, due to the beneficence of the late Mrs. Alexander Jamieson, who, in addition to this specially designated purpose, left also a substantial sum from her estate to the hospital. This recent acquisition will prove of much assistance to the Physicians of the district in more speedily securing effective diagnosis, for in the past it has been necessary to rely on the medical laboratories of the large cities.

Blood Chemistry, Microscopic Research and Urinalysis work can now be undertaken with the most up-to-date equipment and by the most advanced methods. The new laboratory is situated in the basement floor of the building, in a well-lighted room which has been especially appointed and decorated for this purpose. All mechanical and technical laboratory equipment was supplied by the Hughes, Owens Co. Ltd., Montreal. The plumbing and water fittings including the special laboratory sink were supplied by Crane, Limited, of Montreal, Ottawa and Toronto. The work benches, laboratory cabinet which is provided with ample shelf

space for stock chemicals and solutions and drawers and cupboard space for glassware as well as all other woodwork fixtures were locally constructed. The entire ensemble is enamelled in white. All bench tops are stained black.

The work of the new department is under the direction of Mr. Sam C. Cox, who has received special training in the Royal Victoria Hospital, Montreal, in this work. Mr. Cox in addition to these duties is also technical director of the X-Ray and Physiotherapy Departments. The possession of three well appointed departments by a fifty-bed institution such as the Cottage Hospital gives it rather a unique position among the smaller hospitals in Ontario, and demonstrates a desire to render the best service to those who find it necessary to be confined to the hospital for medical or surgical treatment.

CARRAGANA, SASK.—Miss Frances Shaw, who has been in charge of the Red Cross Outpost at Carragana, Saskatchewan, for the past three years, left on October 1st for her home at Birtle, Manitoba. Miss Jean Campbell, a graduate of the Brandon General Hospital, 1925, will succeed Miss Shaw.



A view of the new Laboratory of Pembroke Cottage Hospital, Pembroke, Ont.

Twenty-five Bed Hospital Serves Vulcan Hospital District

The hospital district of Vulcan, Alberta, was formed in 1928, and includes territory adjoining the town of Vulcan which comprises 316,940 acres. Debentures in the amount of \$35,000 were issued, and construction of the hospital commenced in July, 1928, and terminated in December of the same year.

The building is of brick construction, with one storey and full basement. The hospital building and nurses' home cost approximately \$37,000, exclusive of fixtures, which, together with the furniture and equipment cost another \$10,000. No expense was spared by the Hospital Board in obtaining the finest equipment, and authorities state that the hospital is thoroughly up-to-date and one of the finest of its kind in the province. Included in the equipment is an X-ray machine, an 8-gallon sterilizer and electric instrument and utensil sterilizer. The maximum capacity of the hospital is 25 beds.

The hospital is under the supervision of Miss L. F. Willows, and the staff consists of four nurses and four maids.

Construction at Toronto General Required Nimble Gymnastics

Superb presence of mind and some nimble gymnastics were necessary on the part of workmen engaged in the building of an extension to the chimney of the Toronto General Hospital. Because a hospital never closes down, it was necessary to construct the addition to the chimney with the power house activities at full steam ahead. To make this possible the chimney was sealed off with a circular sheet iron plate at the point where the extension commenced. A temporary exit for the smoke was provided by breaking a hole through the stack, below the metal plate. Running for several feet through the plate, and then turning off at a right angle through another hole in the stack was a giant size stove pipe. Through this the deadly gases, lighter, and rising higher than the smoke, were released in the air. The buckling of the circular iron plate recently gave some trouble to the workmen, when it slid from its supports and crashed to the bottom of the chimney. The presence of mind of the workmen saved them what perhaps might have resulted in a grave accident. The chimney was once again sealed and work recommenced.

LONDON, ONT.—Improvements and renovations to the Ontario Hospital buildings have been practically completed at a total expenditure of \$20,000. The principal construction work was the erection of a front to the main building. Three storeys in height, 45 feet in length and 14 feet deep, the addition will provide new quarters for the medical members of the staff, while its upper floors will be used as sun porches for the patients. In addition, new floors are being provided in many of the corridors, new bathrooms are being installed and other improvements are taking place.

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News of Hospitals and Staffs

*A Condensed Monthly Summary of Hospital Activities,
and Personal News of Hospital Workers*

*Editor's Note: Contributions of items for publication in this department will be gladly received.
Please Address, The Canadian Hospital, 454 King Street West, Toronto.*

ALLISTON, ONT.—Miss Gillies, who has been superintendent of the Stevenson Memorial Hospital since it opened a year ago, has resigned owing to ill health.

* *

ANTIGONISH, N.S.—Under the will of the late Mrs. McNeily of Vancouver and formerly of Tracadie, St. Martha's Hospital receives \$25,000. It is understood that Catholic institutions in British Columbia are also beneficiaries to the extent of \$100,000 in the will of Mrs. McNeily.

* *

BRANDON, MANITOBA.—Directors of the Brandon General Hospital have arranged for the issue of bonds to the value of \$40,000, to yield 5 per cent. per annum. in connection with the building fund of the hospital.

* *

BURNS LAKE, B.C.—A \$20,000 hospital is to be built at Burns Lake through the instrumentality of the Government, the Women's Missionary Society of the United Church and the people of Burns Lake and vicinity. The plans call for four public wards, two for whites and two for Indians. Nurses' rooms and private wards will be on the second floor. Equipment in the present Burns' Lake Hospital will be transferred to the new hospital.

* *

EDMONTON, ALBERTA.—Work on the enlargement of the University Hospital has been commenced. Porches on the southerly end of the hospital have been removed prior to the building of a new wing.

* *

FORT ERIE, ONT.—A bequest of between \$500,000 and \$600,000, comprising the bulk of his estate, has been left by the late Dr. William Douglas of Fort Erie, for construction and maintenance of a memorial hospital there. Colonel L. Clark Raymond, K.C., of Welland, is named as trustee.

* *

HALIFAX, N.S.—Miss Claudia Fleming, Superintendent of nurses at the Nova Scotia Hospital has severed her connections with that institution, and will be married in the near future. Prior to her departure, she was presented with a silver tea service from the nursing staff, the presentation being followed by a kitchen shower.

HAMILTON, ONT.—Miss Ida M. Gardner, a well-known and popular graduate of the Hamilton General Hospital, who for the past two years has been engaged in outpost duty for the Red Cross Hospital at Redditt, Ontario, has been awarded a scholarship, and will enter Western University in London for a post graduate course. Miss Gardner was a member of the staff of Sir Wilfred Grenfell's mission at Herrington Harbor, Labrador, about three years ago, and also served with the Red Cross in Haileybury.

* *

KAKABEKA FALLS, ONT.—The Red Cross Outpost Hospital was officially opened on August 21st by Dr. Manion. The hospital contains two rooms with two beds each, and with a baby's cot and a larger children's bed. There is also a nurses' room, a reception room, kitchen, and the attic room is to be finished to pro-

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vide a nursery and a housekeeper's room. The exterior of the building is finished in stucco. The furnishings were donated by service clubs and interested individuals.

* *

KINGSTON, ONT.—Damage to the extent of \$200,000 resulted from a fire at the Sydenham Military Hospital. The fire was of unknown origin. That section of the hospital in which patients were housed was not affected.

* *

LETHBRIDGE, ALBERTA.—Installation of a new X-ray machine has been completed at St. Michael's Hospital. It will be in charge of one of the Sisters, who is fully experienced and who holds a diploma from the Radiographic Technicians Society of America.

* *

LONDON, ONT.—Miss Bilyea, night supervisor of Victoria Hospital, and a valued member of the staff, was honoured in August by a presentation from the nurses in anticipation of her approaching marriage.

* *

LONDON, ONT.—Dr. W. J. Robinson, Superintendent of the Ontario Hospital for the Insane, died suddenly in his office on September 4th. Dr. Robinson has been head of the Hospital since 1908.

* *

NEW GLASGOW, N.S.—The first conference of the Nova Scotia Hospital Association, which was formed last March, was held at New Glasgow on August 21st and 22nd. The following were elected to office: Honorary Presidents — Rev. Ronald MacDonald, New Aberdeen, and J. G. MacDougall, M.D., Halifax; President—Major W. A. Fillmore, Amherst; 1st Vice President—Sister M. Ignatius, Antigonish; 2nd Vice President — Miss A. Martin, Windsor; Secretary-Treasurer—Rev. L. McLellan, Antigonish.

* *

NEW WATERFORD, N.S.—Mr. Alonzo Cooper, X-ray and laboratory technician of the local hospital for some time, has left for Atlanta, Georgia, where he has accepted a similar position in a large hospital.

* *

OTTAWA, ONT.—Dr. John Puddicombe and Dr. W. A. Guest have been appointed to the associate staff of the Civic Hospital.

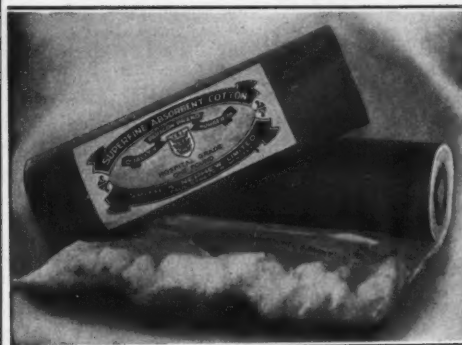
* *

PRINCE ALBERT, SASK.—Excellent progress is being made in the construction of the Nurses' Home at the Sanatorium.

* *

RICHARD'S LANDING, ONT.—Through the generosity of Mrs. W. Matthews of Cincinnati, Ohio, St. Joseph's Island will in the near future be enabled to build a new hospital at an estimated cost of \$25,000. Mrs. Matthews has promised to donate two dollars for every one subscribed by the Islanders, who are conducting a vigorous campaign.

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ST. BONIFACE, MANITOBA.—A new plan, doubling the size of the proposed tuberculosis sanatorium, has been sent to the provincial government by Rev. Sister Ste. Emilienne, superior of St. Boniface Hospital. The capacity of the proposed sanatorium would be 250 beds. The cost will run close to a million dollars. Plans are also being matured for the establishment of a radium emanation plant to supply facilities for cancer treatment to other hospitals in Manitoba and the west on a plan similar to the "rational" system adopted in Great Britain.

* *

STE. FOY, QUEBEC.—The construction of two new wings on the Laval Hospital at Ste. Foy, which will add 175 beds to the present capacity of the hospital, is provided for in a building program which calls for the expenditure of \$450,000. The two new wings, which will be constructed of fire proof material throughout, will be used as a clinic and a sanatorium respectively. The Taschereau Pavilion will be used exclusively for the treatment of children.

* *

SARNIA, ONT.—Miss Lottie Siegrist of the Class of 1925 of the Sarnia General Hospital has been appointed School Nurse to succeed Miss Mary Fisher who was recently married.

* *

SARNIA, ONT.—Miss Dorothy Patterson of Brantford commenced duties as Dietitian in the Sarnia General Hospital on the 1st of September.

* *

SEAFORTH, ONT.—The will of two brothers, Matthew and William Scott of Tuckersmith township, which set aside \$40,000 for the establishment of a hospital at Seaforth, is mainly responsible for this institution, the opening of which will take place about the first of October. The hospital will be known as the Scott Memorial Hospital.

* *

SELKIRK, MANITOBA.—Construction of a new unit to the Selkirk Mental Hospital has been announced by Premier John Bracken. The approximate cost is \$225,000.

* *

STRATFORD, ONT.—The death occurred on August 22nd, of Miss Mary McIntosh, who for the past six years has served in the position of secretary of the Stratford General Hospital. Miss McIntosh suffered a relapse after an operation performed a short time before her death.

* *

TORONTO, ONT.—The Nurses' Home of the Toronto East General Hospital was opened on September 3rd. The building is on the hospital grounds, and faces on Sammon Avenue. It will accommodate twenty nurses, and cost about \$2,000 to redecorate. Hitherto, nurses

have been scattered throughout the district, and have had no permanent place of residence. Miss Dorothy Mole, head nurse of the hospital, is in charge.

* *

TORONTO, ONT.—Nurse Martha Townsend, of Toronto and formerly of St. Catharines, died on August 13th, at Christie Street Hospital, from the affects of her war service overseas. After her sojourn in Salonika, she returned to Toronto in 1919, was stationed in Christie Street Hospital for a few months, and then took charge of the Convalescent Home for Sisters in St. Catharines. Nurse Townsend had a splendid and enviable war record, and was presented with a medal for distinguished military service by the Prince of Wales on his visit to Canada in 1920.

* *

VANCOUVER, B.C.—Dr. M. T. McEachern, Dr. William H. Walsh and Dr. A. K. Haywood will conduct a hospital survey consequent on the approval of the directors of the Vancouver General Hospital.

* *

VANCOUVER, B.C.—On January 1st next, Miss Grace Fairley, at present superintendent of nurses at Victoria Hospital, London, will take up similar duties at the Vancouver General Hospital. Miss Fairley will succeed Miss K. W. Ellis.

* *

VICTORIA, B.C.—Work is progressing favourably on the Nurses' Homes at both the Jubilee and St. Joseph's Hospitals, and both are expected to be ready for occupancy by December 1st.

* *

VILNA, SASK.—The Sisters of Service have opened a \$30,000 stucco bungalow hospital which will be known as "Our Lady's Hospital" at Vilna, Sask.

* *

WILLIAMS LAKE, B.C.—An X-Ray machine has been acquired by the War Memorial Hospital, which will remove a great handicap, as until the recent installation it has been necessary to send patients requiring X-Ray examination to Quesnel or Vancouver.

* *

WOLFVILLE, N.S.—The plans for the new hospital for Eastern Kings, to be located on the old Earncliffe Garden property, have been completed by the architect. The building will be thoroughly modern, 85 feet by 40 feet, of two storeys, and high basement, and will be built of tile and brick. The first floor will contain the operating room and service departments, while the second floor will be devoted to maternity patients, children, general and private wards, with 18 beds in all. There will also be two solaria on this floor, on the west and south. The nursing staff will be accommodated on the first floor, which is being arranged in such a manner that the rooms may be used for patients if necessary.



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—far more sanitary—by all odds
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Maternity Wing Donated to Collingwood Hospital By Leighton Goldie McCarthy, K.C.

The opening of the new D'Alton McCarthy Maternity Wing of the Collingwood General and Marine Hospital by the donor, Leighton Goldie McCarthy, K.C., marked the thirty-first anniversary of the death of D'Alton McCarthy, uncle of the donor, in whose memory the wing was donated.

The McCarthy Memorial, which will be the maternity section, is erected at the south end, and forms part of the main building. It is two storeys in height, with basement the full size, and is constructed of brick, of an attractive and pleasing buff. On the main floor, entrance is made from the main lawn, a cement walk leading from the street. This leads to an ample vestibule, which opens on the main hall. On the left is the apartment of the superintendent, a spacious living room with fireplace, bedroom and bath. On the right is a bright, cheerful and exceedingly attractive private room. Next is a 'teen age ward, and along the hall a number of rooms, baths and utility rooms. On the upper floor are the nursery and several private and semi-private rooms, also additional utility rooms. With this very fine addition the capacity of the hospital is raised to fifty-nine beds, while the accommodation is such as to equal anything in the province. It is an institution that is worthy of the community, and such fine gifts as that of Mr. McCarthy go far toward encouraging the management in their voluntary efforts to maintain it at a high standard.

Innovation Introduced at Hospital

An innovation has been introduced at the Public General Hospital, Chatham, Ont., in connection with the treatment of maternity cases, according to a recent announcement made by Miss Priscilla Campbell, Superintendent. The sunroom of the hospital has been converted into a semi-private ward for maternity cases, for which a flat rate of \$30.00 for ten days will be charged. This amount is payable on admission to the hospital, and it includes all charges except meals for special nurses. The accommodation may be secured for any number of days over the ten days for the rate of three dollars per day. This will mean a saving of ten dollars to each patient who accepts this arrangement.

This idea has been tried out in a few hospitals, and it has been found practical and successful, and it will therefore be given a trial at the Public General Hospital, Chatham. This arrangement is very encouraging for middle class patients, as it helps to solve the problem of increasing hospitalization costs.

HAILEYBURY, ONT.—The site for a new hospital has been transferred to the Sisters of Mercy by the Sisters of Providence. The former order will build a five-storey institution, also a boiler room and laundry which will connect with the main building by a tunnel.

WITH THE MANUFACTURERS

Optochin Base for Early Treatment of Pneumonia

The prospects for success in the treatment of any disease are admittedly greater, the earlier the patient presents himself for medical attention. This is particularly true in pneumonia.

Many physicians carry a bottle of Optochin Base tablets with them during the winter months, so as to be prepared to institute treatment at the time of diagnosis. They do not wait for definite pneumonia symptoms to appear, but prescribe Optochin Base prophylactically in all threatening cases. Cross writes, "The prompt use of Optochin Base in suspected pneumonia should in our opinion be a routine procedure, not delaying its administration for signs of definite consolidation. Chill, temperature elevation, respiratory symptoms, and diffuse or limited moist rales are to be considered indications for this drug."

The bactericidal action of Optochin Base is directed specifically toward all types of the pneumococcus, so that its use renders unnecessary the preliminary typing of the organism. The adult dosage is 4 grains of Optochin Base by mouth with 5 oz. of milk every five hours, day and night, for three days. If additional liquid is required, give more milk in preference to water. No other food or drink is to be given during the course of the Optochin Base. All other oral medication is contraindicated, but hypodermic medication may be employed as required. Merck & Co., Limited, 412 St. Sulpice St., Montreal.

Women's Institute of Alberta Overcomes Drawbacks of Pioneering Country

(Continued from page 34)

power to provide gifts of fruit, cigarettes, reading matter, etc., to the sick.

At Sexsmith, a large farming district about twenty miles from Grande Prairie, the need was felt for a local hospital for maternity cases. A competent, trained nurse opened a private hospital in the village which is very successful. The Women's Institute Branches of Equity and Sexsmith devote most of their activities to this cause. Among other things Sexsmith pay rent and telephone, also pays fees when the patient is unable to do so.

In every case the women of the Institute Branches recognize the fact that one of the greatest drawbacks to a pioneering country is the lack of proper care in sickness, maternity cases presenting a particular problem. It would be difficult to tell all that has been done both directly and indirectly by the Branches to supply this need, but a comparison with conditions as they were in this Peace River country just a few years ago, tell the story of a great work done. Now no woman need hesitate to come to this country on account of the lack of medical care or hospital facilities, these being exceptionally good for a pioneering district.

Hobart Mfg. Co. Announce New Potato Peeler

The accompanying photograph shows the new Bench Type Potato Peeler, Model 6015, which the Hobart Manufacturing Co. have developed to meet the requirements of kitchens for a small, low priced, rapid machine of sufficient capacity to handle 12 to 15 lbs. of potatoes in less than 2 minutes; a bushel in less than 10 minutes. The Model 6015 represents another Hobart pioneering achievement, and while incorporating the fundamental design of larger Hobart Peelers, it has several outstanding advantages which can readily be appreciated by the Kitchener who is familiar with Potato Peeling Machines. The simplicity of its design will also make it easy for the uninitiated to grasp the principles of mechanical peeling. The quality of work it produces promises to establish a new conception of Potato Peeling throughout the Kitchen field.

One of the most outstanding features of the Model 6015, is that it is a portable machine. It can be used as a Bench or Sink installation, or on a pedestal. When not in use it can be moved out of the way, thus effecting a saving of floor space, and also providing unimpeded working areas. The watertight construction of this new Model brings about a new high standard of sanitation in the kitchen. Water splashing, messy floors and the possibility of obnoxious odors have been eliminated by adequate safeguards incorporated in the

Continued on page 44

FREE HOSPITAL OFFER

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Have you secured your

5 pounds D-B Lusta Wax?

You can learn with this liberal sample just how nice a D-B Lusta Wax floor can look.

Easy to apply—Quick to dry

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You have known our Sanitary Products for 23 years: we want you to know D-B Lusta Wax—our newest achievement.



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Sizing and how do
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those of ordinary starch?*

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Satin Finish may be used RAW—sprinkled over the wheel while running the last rinse or blue water, it completely impregnates every article in the load. No hand starching, second extraction, drying and dampening necessary—just extract and iron.



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Continued from page 43

design of the machine. The Model 6015, like all Hobart Peelers, is remarkably quiet in operation. The machine cut gears running in oil are contained in metal housing, and the Ball Bearing, Waterproof and Splash-proof Hobart Motor is directly connected to the drive shaft of the Peeler by horizontal worm gear which insures maximum quietness.

The abrasive disc which provides the peeling action, embodies the "roll principle" of design. Slight undulations in the disc cause a rise and fall action of the potatoes, and this feature keeps the tubers constantly tumbling and turning, not whirling, so that all surfaces are smoothly and evenly peeled, but not over peeled. The Fluted Hopper Sides also play an important part in securing uniform peeling. This type of Hopper prevents the potatoes getting "jammed," a condition which causes "flats" and "bruises," a major item of waste in mechanical peeling.

In addition to the new Model 6015, Hobart Peelers are made in two larger sizes. The Model 6020 has a capacity of 20 to 25 lbs. of potatoes in a minute and a half to two minutes, and the Model 6030, the Jumbo



Hobart Model 6015.

of Peelers will peel up to 45 lbs. in less than two minutes. All Hobart Peelers have the advantage of the Hobart Peel Trap, and exclusive Hobart device which removes all solids from the water, drained from the peeler. A screen strainer in a metal container catches all the solid material passing from the peeling machine, and permits only the water to pass off into the drain pipes. The new Model 6015, both in Bench and Pedestal Types; the Model 6020, Model 6030, and the Peel Trap, are now on display at all Hobart Salesrooms.

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New Owen Sound Hospital Wing Provides for 52 Additional Patients

Continued from page 28

the roof constantly ejecting the foul air and keeping the supply sweet and fresh.

Every patient's bed is equipped with a call button, from which is attached a convenient cord. These buttons cause a red light to be turned on at the patient's bed, another light over the door of the ward and still another at the hall "station," where the nurses on duty have a desk. By this system the nurse knows immediately by a glance down the hall which ward is calling and, if it is a semi-private or public ward, she knows immediately she reaches the door which patient has sent the call.

These two ward floors each have in addition to the patient's rooms a diet kitchen with a dumb waiter to the basement or kitchen floor. Some splendid innovations have been made in the diet kitchens, including steam tables, with four large vegetable plates and a larger plate for meats. An observant visitor might notice a difference in the height of the ceiling in going from the corridors into the wards. This is accounted for in a unique way—the corridors have a false ceiling, above which are concealed all pipes heating apparatus, steam and water pipes, ventilating pipes, down-pipes, etc. This is so that repairs can be very quickly made and without disturbing in the wards, by merely opening the false ceiling in the halls.

In the basement is a special office for the doctors, a special nurses' room, consulting room, a nurses' classroom, fitted with special lecture chairs, etc., and a demonstration room, where, with a hospital bed and a life-size dummy the nurses learn the scientific methods of caring for the sick. There is also a medicine room and a room which may later be fitted up as a laboratory. Though the kitchen is situated in the old part of the building on the same floor, the dumb waiter which conveys the patients' food to the new wing is quite convenient to the source of supply. This floor also provides greatly increased accommodation for the X-Ray department. The suite includes the room with the large, adjustable table, where all fractures are set and where the actual X-ray photographs are taken of the different parts of the body, the developing room, the room where the plates and records are kept and various other departments of this very important branch of hospital work.

In conjunction with the new wing a new boiler room for the heating of the entire building has been erected. The building cost in the neighborhood of \$72,000, to which must be added the cost of furnishings and the very complete and up-to-date equipment of a scientific nature: Much of this equipment has also been donated, as in the case of both operating and sterilizing rooms. The valuation of the new building is in the neighborhood of \$100,000, and the whole hospital is valued at about \$206,000. Provision has also been made for the addition of end balconies, should the need be sufficient at some future date. The new wing requires no fire-escape, the whole structure being fire-proof and separated from the older building by substantial fire-doors.

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AZNOE'S DIETETIC CALLS: Canadian trained woman preferred, somewhat mature and experienced, able to teach, \$125. Pennsylvania private mental institution. No. 2543, Aznoe's Central Registry for Nurses, 30 North Michigan Avenue, Chicago, Illinois.

"Applications for the position of Superintendent of the Glace Bay General Hospital, Glace Bay, Cape Breton, N.S., will be received by the undersigned up to and including October 31st, 1929. Applicants are requested to state age, experience, religion, salary expected, and to furnish references of character and ability. Duties to begin January 1st, 1930. A. D. MacCuish, Box 72, New Aberdeen, C.B.

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Laundryman with many years experience in large hospitals wishes to make a change. Best of references as to character and capabilities. Box 114, Canadian Hospital, 454 King St. West, Toronto.

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Mechanical Refrigeration Presents No Cause For Alarm

Deaths and illness said to have been caused by gas leaks from automatic refrigeration equipment recently precipitated an investigation at which approximately 150 manufacturers, chemists, engineers and dealers were present, representing the makers and distributors of mechanical refrigerators in all parts of the country. Former United States Senator Thurlow G. Essington, spokesman for the industry, made the following statement based on the results of research organizations: "The unanimous engineering and chemical opinion is that there is no cause for any alarm in connection with the use of mechanical refrigeration, any more than there is in cases of other chemicals and gases to which we are exposed constantly in normal life, the hazards of which far exceed those attributed to mechanical refrigeration. With the proper installation of these refrigerators the public has no cause for uneasiness."

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MONTREAL, QUEBEC.—A campaign to provide funds for the erection of a Jewish General and Maternity Hospital, containing at least 150 beds, is in progress. The minimum sought is \$600,000. A deplorable shortage in hospital accommodation has been found to exist in Montreal, and Jewish citizens decided to do something toward the amelioration of the prevailing conditions. When built and equipped, the proposed hospital will be open for all citizens without consideration for race or creed. The existing Jewish Hospital, temporarily closed, will be merged with the new institution.

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